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Happy New Year baby!

Vanessa Washington and Michael Cooper pose with their daughter, Mikayla, who was the first baby born at Wilford Hall Medical Center in 2006. Mikayla arrived at 2:44 a.m. Jan. 1; weighing 6 pounds, 7 ounces and is 19 and three fourths inches long. Ms. Washington is the daughter of retired Air Force Tech. Sgt. Anthony Washington. *Photo by Capt. LeAnn Lamb*

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Patient Safety Office wins DoD award

By Sue Campbell

59th Medical Wing Public Affairs

The 59th Medical Wing Patient Safety Office was selected for a Department of Defense Patient Safety Award in the policy and procedure category.

The annual DoD Patient Safety Awards recognize leadership and innovation in quality, safety and commitment to patient care by military treatment facilities. The awards are designed to reward successful patient safety efforts, particularly in the development of a culture of safety; inspire organizations to increase their patient safety efforts; and communicate successful programs and strategies throughout the Military Health System.

The 59th MDW procedure which garnered this award is Rapid Identification and Registration Process for Trauma Patients which was implemented in April 2005. This policy directs that all Code III trauma/medical patients receive a special registration band and stamp plate upon arrival at the Wilford Hall Medical Center emergency department.

“Two unique patient identifiers on the band are used to verify the patient against all orders given prior to the patient’s official admission,” said Cynthia Lightner, Patient Safety Program manager at Wilford Hall. “This complies with the primary goal of the Joint Commission on Accreditation of Healthcare Organizations and eliminates confusion, miscommunication, delay or interruption of patient care.”

The identifiers include a registration number and a name for the patient. An identifying registration band is created by emergency department personnel and immediately placed on the patient’s leg. The band is not removed until the patient is discharged from the hospital.

Information on the band is used to verify the patient against all orders given under the patient’s registration number prior to their admission. Subsequently, the patient is formally identified, admitted to the hospital using their legal name, and given an admission bracelet. The bracelet and leg band have the same unique patient identifying number.

“This policy was developed by a multidisciplinary team of personnel from various hospital units,” said Col. (Dr.) Ed Sabanegh, chief of medical staff. “They analyzed the existing process, identified areas in the process that were vulnerable for errors, and collectively determined corrective actions for wing-wide deployment. This was an outstanding team effort.”

The award will be presented to the Patient Safety Office staff during the 2006 TRICARE Conference in late-January.

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Patient concerns see action plans

By 2nd Lt. David Herndon

59th Medical Wing Public Affairs

As the Air Force Medical Service flagship, the 59th Medical Wing prides itself on providing patient satisfaction. However, several concerns expressed by patients need to be addressed.

In the last three months, monitored by the 59th MDW patient advocates, the top three patient walk-in concerns were determined to be primary care appointment availability, delay of release of healthcare information and clinics not returning patient calls from the 2-7177 clinic information line.



Staff Sgt. Joy Victoria, orthotic laboratory technician with the 859th Surgical Operations Squadron, assists Tech. Sgt. Kevin Edwards, an instructional systems specialist with the 37th Training Support Squadron, with a brace following knee surgery. *Photo by 2nd Lt. David Herndon*

The top three concerns have not been taken lightly by wing staff members. To combat these problems, a set of action plans have been developed to alleviate many of the patient 's concerns.

The first concern, primary care appointment availability, has been attacked in numerous ways by the 59th Aeromedical-Dental Group. They include the group having 400 diabetics transferred and managed by the new partnership between Wilford Hall Medical Center and the University of Pittsburg Medical Center. They will also start to increase use of drop-in-group medical appointments. DIGMAs are visits with a physician that take place in a group setting. The patients often are grouped by a diagnosis, such as diabetes, asthma or hypertension. A DIGMA group typically consists of 10 to 20 patients, three to six family members or other caregivers, the physician and other healthcare professionals. The group has implemented a flu surge plan and has pushed for diligent daily appointment management by individual flights. On last report, access to the clinic has improved over the past one and a half months.

For the second concern, delay of release of healthcare information, the 59th Medical Support Squadron has hired additional staff members and purchased industrial copiers to meet mission requirements. The backlog of more than 2,000 RHI requests has been reduced to well below 200, and the four-month wait time has been reduced to 30 days. Additionally, the 959th Medical Operations Squadron will have the Kelly Clinic staff working weekends to decrease the backlog at Kelly Clinic.

“The turn around in productivity in the RHI element is due to the leadership of Ken Melton, Information Management Flight commander and NCO in Charge Tech. Sgt. Susan Rogers. As well, the followership of a super team of professionals and a modest investment in equipment aided,” stated Lt. Col. Gregory Stewart, 59th MDSS commander.

The most aggravating concern for patients is clinics not returning their phone calls. This has been addressed by reminding all medical staff members in professional staff meetings the importance of returning patient calls. Another way the wing is working to tackle this issue is by conducting research of bad phone numbers in phone trees made available to our patients. This will hopefully decrease the amount of unanswered messages from our patients.

“While some of the obstacles that frustrate our patients cannot be fixed, we can do our best to minimize the impact they have on our patients. However, communication, whether returning voicemail in a timely manner, or answering our telephones, pagers and emails promptly, is completely within each of our control to fix,” commented Joe Vavricek, 59th MDW director of marketing and public relations.

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Top docs discuss future of trauma medicine

By Navy Lt. Jet Ramos
Defense Medical Readiness
Training Institute

FORT SAM HOUSTON, Texas -- The Department of Defense Combat Trauma Surgical Committee held their annual meeting here and the future of military trauma medicine was high on the agenda.

The committee coordinates sustainable combat trauma surgery training programs and recommends tri-service policy changes to improve combat trauma outcomes.



Lt. Col. (Dr.) Donald Jenkins has been selected by the Department of Defense Combat Trauma Surgical Committee as the next theater trauma director in Iraq. Dr. Jenkins is currently the chief of trauma at Wilford Hall Medical Center. *Photo by Sue Campbell*

The committee was formed as a direct result of several DOD and General Accounting Office reports on medical operations during the Persian Gulf War that questioned the military's ability to meet its wartime medical mission -- particularly in providing trauma care.

In the past nine years, the committee has assessed policy, made recommendations and established trauma training standards and initiatives that have closed the trauma training gap.

“The tri-service membership of the committee has crossed service lines to improve casualty care,” said Lt. Col. (Dr.) Donald Jenkins, the chief of trauma at Wilford Hall Medical Center at Lackland Air Force Base, Texas.

“Every person in the room leaves their service pride objectives outside the door and we talk just about the wounded troop,” he said. “No one talks bad about each other. There are only honest

recommendations. Everyone in the room is a high powered, high ranking, very senior member of this corporation of military healthcare and keeps the focus on the wounded troop. It is unparalleled.”

Army Col. (Dr.) David Burris said, “The CTSC has made significant strides partnering with civilian trauma training centers, whose caseloads match battlefield injuries.”

Dr. Burris is chairman of surgery at the Uniformed Services University of Health Science in Bethesda, Md.

“At first, the goal was to have a joint trauma training center,” Dr. Burris said. “Today, we have three trauma training centers, the Army Trauma Training Center in Miami, the Air Force Trauma Training Center in Baltimore and the Navy Trauma Training Center in Los Angeles.

“While there are specific training centers for the services, the curriculum is the same and the student seats are interchangeable,” he said.

Dr. Jenkins likes what the committee has done in laying the foundation for future military trauma medicine.

“Because of the work of CTSC members, the Emergency War Surgery Handbook was created,” he said. “This handbook was turned over to the next generation of trauma leaders, who used it as the foundation for the Emergency War Surgery Course.”

Formerly known as the Trauma Refresher Course for Surgeons, this three-day course, held at various locations, is a standardized training program that gives medical personnel exposure to critical life saving skills necessary to sustain the force that will fight and win the wars of today and the future.

Dr. Jenkins will be the next theater trauma director in Iraq. He will replace an Army surgeon for approximately six months starting in the spring of 2006. His duties will include serving as a consultant to maintain a theater-wide joint expeditionary trauma network to provide the optimal management of traumatically injured troops.

“Someone said that the system was broken at one time, but it’s fixed now,” Colonel Jenkins said. “We’re doing great stuff, and now we have the tools in place to fine tune it.”

He said improvements can still be made in the business processes between the services.

“A lot of good things are happening in the grassroots,” Dr. Jenkins said. “For example, the recommendation of putting an Air Force person in an Army system to direct trauma care in the theater is huge. While there is evidence of improvements across service lines, the system needs to be fine-tuned so processes will work on a continual basis and not be dependent on individuals.”

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CSL released

The Air Force Chief of Staff has approved the Command Select List for all colonels selected to fill wing and group command. The names were released Dec. 23. Please join the 59th Medical Wing in

congratulating the following individuals on their selection for command:

Col. Florance Valley

59th Medical Operations Group chief nurse executive
Gaining command: 45th Medical Group, Patrick Air Force Base, Fla.

Col. Elisha Powell

859th Surgical Operations Squadron commander
Gaining command: 3rd Medical Group Elmendorf Air Force Base, Alaska
Colonel Powell is currently deployed as the 332nd Expeditionary Medical Group commander at Balad Air Base, Iraq

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NCOs 'step-up' to the plate!



(Left) Col. Lorrie Cappellino (far left), 59th Surgical Operations Group deputy commander and 59th Medical Wing Command Chief Master Sgt. Rich Hollins (right) tack on the new stripes of Tech. Sgt. Chantel Porras while 59th MDW Commander Brig. Gen. (Dr.) David Young looks on during a surprise Stripes for Exceptional Performers program presentation Dec. 29. Sergeant Porras is a vascular surgery nurse in the 859th Surgical Operations Squadron. *Photo by Sue Campbell*

(Right) Tech. Sgt. Lynette Leal smiles after being notified by Brig. Gen. David Young, 59th Medical Wing commander, and Col. Roberta Gott, 59th Diagnostics and Therapeutics Group commander, of promotion under the STEP program Dec. 22. Sergeant Leal, a Phase II Instructor with the 59th Diagnostics and Therapeutics Squadron, is also joined by 59th MDW Command Chief Master Sgt. Richard Hollins (far left) and 59th MDTG superintendent Chief Master Sgt. Danny Herndon (far right).

Photo by Master Sgt. Kimberly Spencer





(Left) Master Sgt. Michael Williams gets some help tacking on his new stripes presented by Brig. Gen. David Young, 59th Medical Wing commander, and Col. Kimberly Slawinski, 59th Medical Support Group commander. The Stripes for Exceptional Performers promotee was also joined by 59th MDW Command Chief Master Sgt. Richard Hollins (far right) and 59th MDSG superintendent Chief Master Sgt. Scott Graham (far left) during the Dec. 22 presentation. Sergeant Williams is the NCO in Charge of Acquisitions and management for the 59th Logistics Squadron. *Photo by Master Sgt. Kimberly Spencer*

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Wing members excel during PME

Congratulations to the following young women who won special awards during professional military education graduation ceremonies in December:

Senior Airman Crystal Schollard, 59th Clinical Research Squadron, won the Academic Award and was a distinguished graduate for Airman Leadership School Class 2006-A.

Senior Airman Tenika Clayborne, 59th Dental Squadron, was a distinguished graduate for ALS Class 2006-A.

Tech. Sgt. Sedonia Hartwick, 59th Medical Operations Squadron, was a distinguished graduate for NCO Academy Class 2006-1.



Senior Airman Schollard



Senior Airman Clayborne



Tech. Sgt. Hartwick

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Wing BTZ selectees announced

The following individuals were nominated and selected for below-the-zone promotion. Please join the 59th Medical Wing in congratulating the following promotees.

Airman 1st Class Rhiannon Greene
859th Diagnostics and Therapeutics Squadron

Airman 1st Class Tara Fisher
959th Surgical Operations Squadron

Airman 1st Class Perry Lynch
59th Medical Operations Squadron

Airman 1st Class Amie Rice
959th Diagnostics and Therapeutics Squadron

Airman 1st Class Zahi Abi Chaker
59th Logistics Squadron

Airman 1st Class Megan McDonald
959th Diagnostics and Therapeutics Squadron

Airman 1st Class Antoinette Gray
759th Surgical Operations Squadron

Airman 1st Class Sean Calleja-Springer
959th Diagnostics and Therapeutics Squadron

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Diamond Sharp Award winners recognized

The Diamond Sharp Award is presented by a first sergeant to an enlisted member, Tech. Sgt. and below, who has displayed outstanding customer service, dress and appearance or military bearing. Only two awards can be issued per month by each first sergeant and each award is good for a one-day pass. Please congratulate the 59th Medical Wing award recipients for December.

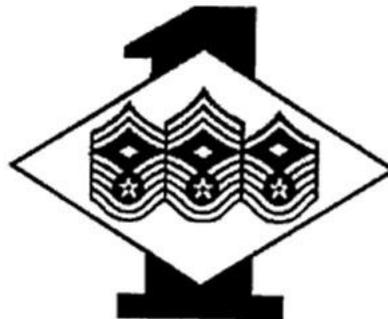
Airman 1st Class Brandi Cataldo
759th Surgical Operations Squadron

Airman 1st Class Donald Perdue
59th Diagnostics and Therapeutics Squadron

Airman 1st Class Lindsay Moen
959th Diagnostics and Therapeutics Squadron

Senior Airman Amanda Lee
959th Medical Operations Squadron

Staff Sgt. Melissa Holbrook
859th Diagnostics and Therapeutics Squadron



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Commander's Action Line

I want to keep lines of communication open within our wing and for our patients and other partners. Please call the Action Line at 2-4567 with your suggestions, comments or questions about the way we do business, or send an email to 59MDW.PA@lackland.af.mil. Of course, you should always try to resolve problems first at the lowest level possible. If you leave your name, telephone number and a detailed message, you will receive a personal response to questions or complaints. A good source of information about various Air Force issues is "Air Force One Source," an information service provided in partnership with the Family Support Center. Call toll free 1-800-707-5784 24 hours a day, or access their Web site at www.airforceonesource.com.



*Brig. Gen. David Young
59th Medical Wing commander*

Privacy Act violation

Comment:

I saw a violation of patient privacy outside the shoppette in the basement today. A cart full of outpatient records was left unattended in the hallway. No one was around to watch over them. Maybe something should be passed to clinics to remind them not to leave records unattended.

Response:

Thank you for calling. You are absolutely right; it is not standard practice for medical records to be left unattended. Safeguarding protected health information is an ongoing concern for all medical facility personnel. You have identified an issue that we will emphasize during our ongoing training. If, in the future, you should discover unsecured medical records, please bring this to the attention of any medical facility member for immediate action.

Manual fire watch

Comment:

I was wondering why there are so many overhead announcements every day in Wilford Hall that place certain floors on and off "manual fire watch." Today alone I've heard at least five of these announcements and no one I ask seems to know what they mean or the underlying justification for these announcements. Is this some sort of training? Or, is it because the fire alarm system is in need of replacement? What exactly does "manual fire watch" even mean for those of us who work at Wilford Hall? Shouldn't we all be on "manual fire watch" all the time anyways?

Response:

I appreciate your question. Periodically the fire protection system in various areas of the hospital becomes non-operational because of preventive or scheduled maintenance. We are required by life safety code to announce that the system is on manual fire watch. Staff affected by the manual fire watch should increase their vigilance and be alert for potential fire hazards. If a fire occurs in these

areas, the alarm system WILL NOT WORK and notification to the fire department must be made manually (dial 911). We regret the number of overhead pages, but they are necessary to ensure the safety of our patients, their family and our staff. Thanks again for your concern.

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AF makes changes to BAH policy

By Staff Sgt. C. Todd Lopez

Air Force Print News

WASHINGTON -- Beginning in January, the Air Force and the other military services will eliminate geographic rate protection for the basic allowance for housing.

Over the last five years, geographic rate protection meant BAH rates around military communities could never drop, even when estimates for median housing costs in an area suggested they should.

Under the current system, new arrivals at an installation would receive the protected BAH rate, even if housing rates in the area had dropped and adequate housing was available for them at a lower cost.

In 2006, BAH rates will fluctuate yearly based on housing cost estimates made from data collected regionally by military housing offices. The budget-conscious move by the Department of Defense is designed to save money at a time when resources are tight.

Under the new system, people who remain in an area will never see a lowering of their individual BAH rate. That policy, called individual rate protection, is designed to ensure Airmen and other military members who have already established homes aren't faced with a cut in their BAH rate.

Individual rate protection is designed to protect Airmen when the median housing rates in an area drop but landlords don't lower rents to match them.

Individual rate protection ensures Airmen will always receive ample funding to remain in the homes they have established, and at the same time provides DOD a common-sense way to fund that allowance.

But the policy will create situations where two military members of the same rank and with the same dependent status may receive different BAH rates. Individual rate protection allows in-place members to keep their BAH rate for a region while BAH rates in the area may fall. So a newcomer can get the same quality of housing at a lower cost.

"When you signed your lease, you were locked into a rate in a housing market that had a higher cost, on average," said Capt. Charles Parada, chief of the Air Force's basic allowance for housing program. "But a newcomer could face a lower-cost market."

Captain Parada says whatever BAH rate a member receives at a new duty station will be fair.

"The new BAH program will always allow you to afford adequate housing for your grade and dependency status in the current market," he said.

Captain Parada also said that all members in a region are entitled to increases in the BAH rate as

they occur.

Besides changes to rate protection, there are two additional changes to BAH coming for the Air Force and other services in the 2006. The first is the elimination of the BAH differential for members living off base. The second is a change to in-transit BAH rates for new Airmen.

"What members will be paid now is a BAH rate with dependents, versus the BAH differential," Captain Parada said. "In most cases, the new rate will be an increase for members, though in some areas it may be lower."

The BAH differential is a flat rate, based on grade, paid to members who are paying court-ordered child support. In 2006, the differential will no longer exist for members residing off base. Instead, they will receive the BAH with-dependents rate, even if they have no dependents in their home. Because the BAH with-dependents rate fluctuates region to region, some members in low-cost housing markets may receive less money than they had with the flat-rate BAH differential, though the situation occurs in few areas, Captain Parada said.

The BAH differential rate will also be eliminated outside the United States. But there, members receive an overseas housing allowance, or OHA, instead of the Stateside BAH. Like in the United States, with the elimination of the BAH differential, members overseas residing off base will begin receiving the OHA with-dependent rate. But unlike in the United States, overseas members do not always receive the full OHA. Instead, they receive only that amount they spend on rent. For those members, it will be impossible to extract the extra benefit provided by an OHA with-dependent rate to use toward child support.

Captain Parada said the move was the best possible solution found by DOD to provide the best benefit to the most members.

"All four services had to come to an agreement on these issues, to find a solution most equitable for the most members," he said. "This was the best solution to benefit most members."

Under the new plan for BAH differential, members entitled to the differential will continue to receive it if they live in government quarters.

A final change to military BAH policy involves new military members who are traveling from their initial training location to their first duty station.

When new accessions to the Air Force travel from their initial training location to their first duty station, they are said to be "in transit." Most new Airmen who are single receive the BAH II rate, commonly called "BAH in transit." Like the BAH differential, BAH II is a flat rate, tied only to a member's rank.

Today, almost all new unaccompanied Airmen receive the BAH II rate as they travel to their first duty station. That group of Airmen includes officer training school graduates (non-prior service) and basic trainees. The exception has been Airmen coming out of the Air Force Academy. Those new officers, upon graduation, received the full BAH rate based on housing costs in Colorado Springs, Colo., the location of the school.

In 2006, Air Force Academy graduates will begin receiving only the BAH II rate until they arrive at their new duty station. That change was based on what other services were paying to their service academy graduates and on a general perception of equity among all military members, Captain

Parada said.

"All accessions will now be treated equally across the Air Force and across all services," Captain Parada said. "DOD decided to unify the policy so everybody was doing the same thing. They decided they will pay the Academy folks the BAH II rate in line with other services and other accessions."

Captain Parada said that under the new policy, new members with dependents continue to be entitled to full BAH.

Members with questions on BAH payments should visit: <https://secureapp2.hqda.pentagon.mil/perdiem>. Members with questions on the process used to set BAH rates should contact their local housing office. An email account has been set up to take questions: BAH.hotline@pentagon.af.mil.

Year-end pay, tax statements go out

By Donna Miles

American Forces Press Service

WASHINGTON -- Servicemembers, military retirees and annuitants and federal civilian employees paid by the Defense Finance and Accounting Service can expect to receive their 2005 tax statements by mail soon, a DFAS official said. In fact, most retirees and annuitants already may have received theirs.

Mailing of active-duty Army, Navy and Air Force W-2 forms won't begin until Jan. 24, but servicemembers can access their forms on the "myPay" Web site beginning Jan. 21. W-2 mailings for reservists from the Army, Navy and Air Force began Wednesday, with the forms also currently posted online as of Dec. 31.

Active-duty and Reserve Marines can check their mailboxes after Jan. 12 or access their myPay accounts beginning Jan. 10.

Mailing for DoD civilians' W-2s will begin Jan. 10, and the forms will be posted on myPay beginning Jan. 9.

An increasingly large percentage of the almost 6 million people the finance agency serves now receive their pay and tax statements electronically through myPay, the official said. By doing so, customers get their statements quicker and more securely, said Pat Shine, director of DFAS' Military and Civilian Pay Services.

A state-of-the-art encryption technology incorporated into the myPay system, which users access through a personal identification number, safeguards personal information that's more vulnerable to theft when transmitted by mail, the official said.

DFAS clients who have never set up their myPay accounts or have forgotten their PIN numbers can set up or get new ones through the myPay Web site, he said.

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Combat medical personnel pack extraordinary care in ordinary tents

By Army Sgt. Dallas Walker
101st Airborne Division Public Affairs

BALAD AIR BASE, Iraq -- In a sea of tents and trailers on Balad Air Base in northern Iraq, shrapnel is being surgically removed from a limb, medics are racing to stop someone from bleeding to death and another life is being saved from wounds inflicted on the battlefield.

It is that sea of tents which houses the Air Force theater hospital, where servicemembers and civilians get the most advanced medical care possible in a combat zone.

Run by the 332nd Expeditionary Medical Group, the hospital offers trauma and specialized medical care for people throughout Iraq and serves as the theater aeromedical evacuation support hub.

"If you arrive here alive, you have about a 96 percent chance of leaving here alive," said Col. (Dr.) Elisha Powell, 332nd EMDG commander. Colonel Powell is the 859th Surgical Operations Squadron commander with the 59th Medical Wing.

The availability of specialized care at the hospital is like nothing seen in a combat zone in the past, making it easier to save lives, Dr. Powell said.

"What makes this hospital so successful in Iraq is that we push technology so far forward," he said. "We've never pushed specialties this far onto the battlefield before."

The hospital boasts a staff of surgeons who specialize in procedures on the brain, heart, bones and soft tissue. It has six operating rooms and nearly everything a standard hospital has, from a pharmacy and x-ray lab to a nutritionist — all in the heart of a combat zone.

First line care

"Medics and what they do, basic and advanced first



Soldiers and Airmen unload a patient from a helicopter at the Air Force theater hospital at Balad Air Base, Iraq. Service members who are wounded in Iraq and need to be medically evacuated come to this hospital. *U.S. Army photo by Sgt. Dallas Walker*



Colonels (Dr.) Elisha Powell and (Dr.) Jack Ingari operate on a Soldier from the 101st Airborne Division after an improvised explosive device attack injured him. Both are orthopedic surgeons with the 332nd Expeditionary Medical Group at the Air Force theater hospital which treats

aid, is where life saving begins," Dr. Powell said.

American and Iraqi forces, and Iraqi citizens. U.S. Army photo by Sgt. Dallas Walker

The survival of a combat casualty depends largely on the first echelon of medical care. The most important aspect is stopping the bleeding.

"The number one cause of preventable death in Iraq is exsanguination — bleeding out," Dr. Powell said. "If Soldiers don't stop the bleeding and use the tourniquets put in their first aid kit, then (the casualty) probably won't make it to us."

Dust off -- Arriving at the hospital

The sound of medevac pilots calling in their status echoes as Army and Air Force medics in the patient administration office of the hospital prepare for their landing -- the crucial first minutes of a casualty's arrival at the hospital. Most of the casualties treated at the hospital are brought in on a medevac flight.

"I give all the credit in the world to the flight medics," said Staff Sgt. Jalkennen Joseph, an emergency room medic. "I've never seen anyone perform their job above and beyond like they do. They do things you only see in movies or read about in books. They do it on a daily basis and they do it well." Sergeant Joseph is currently deployed from the 959th Surgical Operations Squadron at the 59th Medical Wing.

The medevac crews try to get casualties to the hospital within the "golden hour" -- the first 60 minutes after injury.

"Getting patients here quickly, keeping them warm and stopping the bleeding are key to life saving in trauma," Dr. Powell said.

Within minutes of landing on the hospital helipad, the medevac crew and hospital staff take the casualty to the emergency room.

The ER

"This is (the casualty's) first stop in the hospital," Sergeant Joseph said. "Our job is to stabilize the patient. We check the ABCs. We check their airway, we check to see if they are bleeding and we check their circulation."

Doctors assess the casualty in the emergency room to determine the appropriate course of action, Sergeant Joseph said.

Next stop ... The hospital staff prides themselves on rapid care -- stabilizing patients and getting them out of the hospital.

"If a patient requires surgery to survive, it will be done here," Sergeant Joseph said. "Most of the patients we care for don't even know they were here. Most of them are severely injured and unconscious. We stabilize them and send them to (Landstuhl Regional Medical Center in) Germany as quickly as possible."

Patients stay at the theater hospital the shortest amount of time possible, Dr. Powell said. The goal is to perform whatever measures are necessary to save their lives and send them to a facility geared toward long-term care.

The patient

The hospital provides care and treatment to anyone wounded in combat. More U.S. Army Soldiers are treated than anyone else and coalition forces make up 60 percent of the patient load.

The remaining 40 percent of patients seen at the hospital are Iraqi citizens, terrorists and detainees injured in combat.

"We give (Iraqis) the same medical care as anyone else," Dr. Powell said. "We're not military police, we're not (military intelligence), we are medics. Detainees get the same healthcare as the Soldiers, as the Iraqi Police, as the Iraqi Army. Our job is to provide the highest standard of medical care."

The team

The hospital has a mostly Air Force staff, with support teams from the U.S. Army and Navy as well as the Australian Army, Navy and Air Force. There are more than 250 medics assigned to the theater hospital.

"We have all really clicked working together," Sergeant Joseph said. "We run this place smoothly, doing the same mission. We live by the hospital motto 'One team. One mission.'"

A majority of the Airmen assigned to the theater hospital, including Dr. Powell and Sergeant Joseph, come from Wilford Hall Medical Center in San Antonio -- one of only two military hospitals that treat civilian trauma patients.

"People here are selfless and go out and do their job," Sergeant Joseph said. "Most of the people we treat got injured serving their country."

In the sea of tents, another life is being saved by a hard-working medic or an experienced surgeon with the best combat medical care available in Iraq.

"It's an honor to be able to care for the wounded out here," Sergeant Joseph said. "It's a lifetime experience. I can't stress enough; it's what we are proud and happy to do."

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We all need heroes

Commentary by Capt. James Eadie

332nd Expeditionary Medical Group

The emergency rooms in Iraq can be eerily quiet or can suddenly explode into a flurry of action like the day a Bradley troop carrier was hit by a roadside bomb, engulfing the occupants in flame and twisted metal. As an emergency physician these are the days I trained for, but dread to see. The tent hospital shook as the Blackhawk helicopters landed with seven injured soldiers. They had blast injuries from the explosion, shrapnel wounds, and extensive burns across their arms, legs and faces. The sight was horrific.

I focused on one soldier who was the most severely injured. His face, arms and legs were severely burned. His gloves were welded to his fingers by the heat, though he remained conscious and able to talk. His concern was for his men – “How are they doing?” he’d repeatedly ask. I encouraged him to hang on. I told him his men were in good hands and getting the care they needed; everything would be all right. I desperately wanted to believe it, but my experience as a physician told me otherwise.

Before he was placed on a ventilator, he said that the Bradley had been hit. The large troop door was damaged and could not be opened, trapping the men inside. The only escape was through a small front door.

What he didn’t tell us but we later learned was that he had gotten out with minimal burns, but then went back into the vehicle to rescue his trapped comrades. This soldier had sustained severe burns in the process of single handedly saving the lives of his fellow soldiers. In spite of our efforts, he died days later. He had given his life to save others.

As one of the doctors later captured it – “We met a hero last night.”

I often reflect during the holidays on the classic story of George Bailey in “It’s a Wonderful Life.” I too find myself standing at that metaphoric bridge wondering if I have made a difference here in Iraq. Is the poignant story still valid? The answer for me is a resounding yes.

I met the first of many heroes on the night of the Bradley accident. The courage and sacrifice of this soldier is not isolated; it is the norm here, a daily occurrence. What I have witnessed has profoundly affected me. I was completely unprepared for this.

Why had I never heard these stories at home? As a physician in a stateside military hospital, certainly I should have heard these stories, but either I had not listened or, more likely, they were not told. The news that I was accustomed to at home seems but a shell of what I see before me.

Everyday I meet ordinary men and women displaying profound compassion for each other and doing extraordinary things. I cared for a Marine who dove onto an enemy grenade, shielding his men from the blast and saving their lives. He lost his hand, took multiple shrapnel wounds and was in critical condition, yet all he wanted to know was how his comrades were doing.

I spoke with another Marine who stayed on patrol during the constitutional election, instead of seeking medical attention for a gunshot wound he sustained to his arm two days prior. When I asked him why he had delayed medical attention, he said the election was the next day, he had a job to do and he would not let his men down – his arm could wait.

Before I deployed to Iraq, I opened the paper, and saw little of these heroic acts. Where are the front page stories on my fellow soldiers and Marines? I wish the public and our policy makers could look into the eyes of these soldiers, sailors, airmen, and Marines and see what I see – hope and commitment. I see it everyday. They have burning hope behind their eyes, deep compassion in their hearts, and a steadfast belief that each one is making a difference.

As I celebrate the holiday season here in Iraq, I am filled with a great sense of wonder and appreciation for what our men and women in uniform have volunteered to do. They have answered the call of their country and they have served with dignity, pride and honor. It has been a tremendous privilege for me to be able to care for these true American Heroes. This holiday season I do not need to watch “It’s A Wonderful Life,” for I have come face to face with many George Baileys.

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Ho, ho, ho!

Surprise visit from Santa, reindeer and helpers brings holiday joy!



Alysha Jackson smiles as she and baby Ariana Jackson are visited by Santa in Wilford Hall Medical Center's Pediatric Ward Dec. 20. Santa, Chief Master Sgt. Ted Collie the wing 4AO functional manager, and several reindeer and helpers were joined by 59th Medical Wing Command Chief Master Sgt. Richard Hollins as they visited patients, staff and visitors throughout the hospital. *All photos by Master Sgt. Kimberly Spencer*

Patient Julie Chaney accepts a gift from Santa during his visit to the Wilford Hall Pediatric Ward. Santa and his reindeer shared gifts and treats with patients and their families as well as staff members and visitors throughout the hospital, bringing a welcome touch of holiday cheer.





During a visit by Santa to the 59th Medical Wing's Pediatric Ward, Command Chief Master Sgt. Richard Hollins, Santa and his reindeer and helpers, take a moment for a photo with the Pediatric Ward staff. The staff decorated the ward and shared gifts, candy and happy holiday cheer with the patients, parents and guests to the ward.



Smiles are the gift of the day as Santa and his reindeer visit with Allan Welch and granddaughters Rebekah and Rachel Ochsne. The girl's mother, Maj. Andra Ochsner, a physician with the 59th Medical Operations Squadron, is currently deployed to Balad Air Base, Iraq. Santa's reindeer Chief Master Sgt. Candace Crute (left), the cardiopulmonary laboratory Air Force career field manager with the 759th Surgical Operations Squadron, and Senior Master Sgt. Robyn Gamble, the 59th Logistics Squadron Medical Material Flight superintendent, helped to pass out holiday candy and cheer throughout the hospital on Dec. 20.

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Bulletin Board

Return and Reunion Seminar

The Family Support Center and Wilford Hall 59th Medical Operations Group are hosting a Return and Reunion Seminar from 5:30 to 8:30 p.m. today at the Freedom Chapel for the spouses and/or family members of the currently deployed or remote and any members with their families that have recently returned. Topics covered will be expectations versus reality and what to do. Dinner and childcare will be provided. To make reservations for this class or to ask questions contact Tech. Sgt. Patricia Smith at 3-3722.

DTS traveler training

The 59th Medical Wing will be using the DoD Defense Travel System in the very near

future. DTS traveler training is being offered to all wing members Jan. 17 at 11 a.m., Jan. 20 at 11:30 a.m., Jan. 27 at 11:30 a.m., Feb. 2 at noon and Feb. 9 and 16 at 11 a.m. in the hospital auditorium. All sessions are approximately one hour long. There is no need to sign up to attend any session. It is highly recommend personnel take advantage of this training to get familiarized with this new system. Members need to be ready when it comes time to submit TDY orders and travel vouchers. To access DTS, personnel will need a valid Common Access Card, military ID password (it can be reset at MPF customer service) and a computer CAC reader. If members do not have one, contact the computer help desk to a trouble ticket to get one. Visit <http://www.defensetravel.osd.mil/dts/site/index.jsp> for more information regarding DTS. Call Capt. Luz Maya at 2-7118 for more information.

OPSEC training

59th Medical Wing personnel must complete their annual OPSEC training by Jan. 15. The OPSEC training link can be found on the 59th MDW intranet, under Education and Training. If your unit would like an OPSEC tape or speaker for a commander's call or meeting, contact your group OPSEC manager: Master Sgt. Bissoondath Ramjit, 59th Medical Operations Group, 2-4911; Senior Master Sgt. Preston Madler, 59th Surgical Operations Group, 2-7220; Master Sgt. Earl Howell, 59th Aeromedical-Dental Group, 2-3554; Master Sgt. Robert Price, 59th Diagnostics and Therapeutics Group, 2-6186; and Master Sgt. Kimberly Yearyean-Siers, 59th Medical Support Group, 2-9023. If additional assistance is required, contact the wing OPSEC program manager, Lt. Col. Michael Brummett at 2-2766.

Office closure

The Volunteer Services Office will be closed today. The office will open for normal duty hours Friday.

Complete your BLITZ training today!

BLITZ training is available online at "My Training" for all hospital personnel. Training must be completed by Feb.1. If you have any questions or concerns please contact the Learning Resource Center at 2-5067/2-5322.

SNCO Induction Seminar mandatory

The SNCO Induction Seminar make-up session Feb. 21-24 is mandatory for all new master sergeants who have not yet attended the seminar. If you attended at your last base, please contact the 59 Medical Wing Career Assistance Advisor Master Sgt. Edith Davis with the date you attended and the name of the base you departed. Sergeant Davis can be reached at 2-4308. To register, go to <https://afkm.wpafb.af.mil/ASPs/Reg/RegisterSelect.asp?Filter=OO-ED-AE-15&EventID=858&GroupID=1049>.

Voluntary Leave Transfer Program

Norma Gutierrez, with the 759th Medical Operations Squadron, is approved to receive transferred annual leave from fellow employees under the Voluntary Leave Transfer Program. Ms. Gutierrez has been undergoing cancer treatment and as a result, has no available paid leave to cover her absence from work. Employees wishing to donate annual leave to Ms. Gutierrez may do so by submitting to your first level supervisor or leave approving official a voluntary and irrevocable request to transfer a specific number of whole hours of accrued annual leave to her leave account. Anyone interested in transferring leave should complete an OPM Form 630-A. The completed and approved forms should then be forwarded to Lourdes Campos-Martinez, 37th Mission Support Squadron, fax number 3-3910. If you have any questions, please contact Ms. Campos-Martinez at 3-4685.

Speechcraft course

The "Get Up to Speak" Toastmaster Club will offer a six-week program to teach public speaking fundamentals beginning Jan. 17. The course will be offered from noon to 1 p.m. every Tuesday in Wilford Hall Medical Center, Room 2A39. A \$10 fee will cover program materials. Contact Michele Riboul at 2-4858 or Maj. Wanda Spillers at 2-7783 to sign up, or for more information.

JOMMC course offered

The Defense Medical Readiness Training Institute will host the Joint Operations Medical Managers Course Feb. 26 to Mar. 3 at the Hilton San Antonio Airport Hotel. The JOMMC is open to medical officers O-4 to O-6. For course information, contact Staff Sgt. Brady at 221-9218. For registration, contact Charles Moed at 221-9143. For other course information, visit DMRTI's Web site at <http://dmrti.us>.

Protect your data files

59th Medical Wing personnel can protect their personal data files by having them copied to a network share drive (H: drive) established specifically for them. This drive will be mapped for the individual on any computer they access on the WHMCNET network. The shared drive is backed up regularly, ensuring information protection. For more information contact the systems help desk at 2-5115.

G.U.T.S. Toastmaster Club

The "Get Up to Speak" Toastmasters Club invites all wing personnel to attend one of their meetings. Meetings are held on the first and third Thursday of the month from 11 a.m. to noon in Room 2A67. The club strives to have fun while developing and improving speaking and listening skills. Toastmaster's International mission is to help members improve their communication and leadership abilities. Contact Michele Riboul at 2-4858 or Staff Sgt. Marc Rutherford 2-7373 or Maj. Wanda Spillers at 2-7783 for more information.

Soccer registration ongoing

The Lackland Youth Sports Program will hold soccer registration for children ages 5 to 17 from now to Feb. 3. The cost of the program is \$45 per youth and is open to all military and DoD personnel. Practice begins Feb. 21, with the season beginning March 11. The season ends April 8. Volunteer coaches and officials are needed. Training for coaches and officials will be provided by the Youth Center Feb. 9 to 11. For more information, contact one of the following individuals: Johnny Bailey at 3-1245 or by email at:

johnny.bailey@lackland.af.mil; Juan Gonzalez at 3-2611 or by email at:

juan.gonzalez3@lackland.af.mil; Ruben Rodriguez at 925-8100 or by email at:

ruben.rodriguez@lackland.af.mil.

Knowledge Bowl teams needed

The African-American Heritage Committee presents the 6th Annual Knowledge Bowl between the 37th Training Wing and 59th Medical Wing from 1 p.m. to 4:30 p.m. Feb. 15 in the hospital auditorium. Five to seven teams are needed from the wing. There will be five members per team with two alternates. Study material will be provided. Deadline for team registration is Jan. 20. Group superintendents and anyone interested in participating should contact Master Sgt. Ivan Keene at 3-1937.

Golf Tournament

The African-American Heritage Committee will be holding its Winter Golf Tournament/fundraising event at the Gateway Hills Lackland Golf course. The event will be held Jan. 13 and will be in four person select shot format. There will be a 8 a.m. shotgun

start with sign-in beginning at 7:15 a.m. Registration prices will be \$32 for military and DoD civilians, \$18 for club members and \$34 for contract civilians. For more information contact 1st Lt. Alfort Belin at 3-1732 or Staff Sgt. Marcie Strickland-King at 3-2974.

AF Aid Society Education Grants available

Applications for the 2006-2007 General Henry H. (Hap) Arnold Education Grant can now be obtained by visiting the Family Support Center, Building 1249, 7:30 a.m. to 4:30 p.m., Monday through Friday except for Wednesday when they close at 2:30 p.m. for training. Visit their Web site at <http://www.afas.org>. for an application. The Society has now increased the award amount for grants to \$2,000 in recognition of escalating college costs. The Education Grant is offered to dependent children of active duty, Title 10 Reservists on extended active duty, Title 32 AGR performing full-time active duty, retired Air Force members, retired Reservists with 20+ years of qualifying service, and deceased Air Force members. Other eligible candidates are spouses of active duty members and Title 10 Reservists residing and attending school within the continental US, and surviving spouses of Air Force members who died while on active duty or in retired status. All eligible students must enroll as full-time undergraduates in colleges, universities or vocational/trade schools whose accreditation is approved by the US Department of Education and must maintain a minimum 2.0 GPA on a 4.0 grading scale. The initial application deadline is March 10, for the following school year. For more information please call 3-3722.

New golf fees

Effective immediately, the Lackland Gateway Golf Course will implement new fees and charges. New fees and charges can be viewed at www.lacklandservices.com. Click on Golf Course. For complete information call the Gateway Hills Golf Course at 3-2517.

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